

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-050184

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 317 Primary Registration District No. 546 Registrar's No. 3995

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK  
OR  
TYPEWRITER RIBBON

|  |   |   |  |
|--|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>ST LOUIS</b>   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>MO</b> b. COUNTY <b>ST LOUIS</b>   |  |
| b. CITY (if outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>OVERLAND</b>   |   | Length of stay in lb<br><b>36 YRS</b>   | c. CITY OR TOWN <b>OVERLAND</b>  |
| c. FULL NAME OF (if NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>2528 GASS</b>  |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS (If outside, give location)<br><b>2528 GASS</b>      |
| 3. NAME OF DECEASED<br>(Type or print) <b>EFFIE VIOGA CRIGLER</b>  |   | 4. DATE OF DEATH<br>Month <b>12</b> Day <b>26</b> Year <b>63</b>  |  |
| 5. SEX<br><b>FEMALE</b>  | 6. COLOR OR RACE<br><b>WHITE</b>  | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>                     | 8. DATE OF BIRTH<br><b>4-2-1887</b>                                    |
| 9. AGE (last birthday)<br><b>81 YRS</b>  |   | 10. IF UNDER 1 YEAR<br>Months Days Hours Min.   |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>HOUSE WORK</b>   |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>AT HOME</b>   |  |
| 11. BIRTHPLACE (City and state or country)<br><b>RAKS, CO. MO</b>  |   | 12. CITIZEN OF WHAT COUNTRY<br><b>USA</b>   |  |
| 13a. FATHER'S NAME<br><b>FRANK ELLIS</b>   |   | 13b. MOTHER'S MAIDEN NAME<br><b>ELLEN UTTERBACK</b>   |  |
| 14. NAME OF HUSBAND OR WIFE<br><b>C. L. CRIGLER</b>  |   | 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>NO</b>  |  |
| 16. SOCIAL SECURITY NO.<br><b>8</b>  |   | 17. INFORMANT<br>Address<br><b>Mrs. Marjorie Herron, same</b>   |  |
| 18. CAUSE OF DEATH (Enter only one cause per line)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>coronary occlusion</b><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>pneumonia</b><br>DUE TO (c) <b>Generalized carcinoma</b> |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>1 hr</b><br><b>1 day</b><br><b>5 yrs</b>   |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |  |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)  |  |
| 20c. TIME OF INJURY<br>Hour a.m. p.m.  | Month, Day, Year  |   |  |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)                  | 20f. CITY, TOWN, OR LOCATION COUNTY STATE   |  |
| 21. I attended the deceased from <b>1948</b> to <b>Dec. 25, 1963</b> and last saw her alive on <b>Dec. 25, 1963</b><br>Death occurred at <b>2528 Gass, Overland, Mo. 4:10 AM</b> on the date stated above, and to the best of my knowledge, from the causes stated.                                      |   |   |  |
| 22a. SIGNATURE<br><b>J. F. Snyder</b> (Degree or title)<br><b>J. F. SNYDER, DO</b>   |   | 22b. ADDRESS<br><b>9409 W. Milton, St. Louis, 14, Mo.</b>   |  |
| 22c. DATE SIGNED<br><b>12/27/63</b>  |   |   |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>BURIAL</b>   | 23b. DATE<br><b>12-28-63</b>  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>LAKE CHARLES</b>   | 23d. LOCATION (City, town, or county) (State)<br><b>ST LOUIS CO MO</b> |
| 24. FUNERAL DIRECTOR<br><b>Carl Seltman</b>  | ADDRESS<br><b>Overland Mo</b>   | 25. DATE RECD. BY LOCAL REG.<br><b>12-27-63</b>   | 26. REGISTRAR'S SIGNATURE<br><b>John B. Murphy</b>                     |

(Licensed Embalmer's Statement on Reverse Side)

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Earl Hilleman

Licensed Embalmer No. 3501

P. O. Address Oakland 14th

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.